

## Angelina County Master Wellness Volunteer Program Application – due no later than January 31, 2020

Please print or type all information. Upon completion, return to Joel Redus.

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you available to participate on the training dates (Feb 5<sup>th</sup> & Mar 18<sup>th</sup>)? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Please list any volunteer work experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any experience you have working with community-type organizations (schools, youth, churches, senior citizens, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List additional interests, skills, hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any post-secondary education/diploma and/or certifications:

\_\_\_\_\_  
\_\_\_\_\_

(continued)

Check (✓) the times you may be available to volunteer:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Why do you want to become a Master Wellness Volunteer? \_\_\_\_\_

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Feel free to add any additional information you would like to share: \_\_\_\_\_

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I would like to become a Master Wellness Volunteer. I understand that should I be selected for the training program, I will be required to complete 40 hours of training. Upon completion of the training, I will be required to return 40 hours of volunteer service by the end of the year under the direction of the county AgriLife Extension agent. I also understand that as a volunteer, I will represent Texas A&M AgriLife Extension Service and will be called upon to provide educational programs and disseminate educational materials. I also understand that in this capacity I cannot use my status as a volunteer to promote any personal opinions, business, or services or the opinions or services of other companies or agencies. I must present the research-based information on which Texas A&M AgriLife Extension Service's educational programs and services are based.

My signature below indicates that I do not have a conflict of interest and that all of the information contained in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Educational programs of the Texas A&M AgriLife Extension Service are open to all people without regard to race, color, sex, disability, religion, age, or national origin.  
The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating